It's as easy as 1-2-3!

Wyoming Breast & Cervical Cancer **Early Detection Program**

Also known as Women's Health Source

Thank you for requesting an application! In order to be eligible for this program you must qualify in *each* of the following three areas:

- (1) age/risk factor, and
- (2) income (250% of Federal Poverty Level), and
- (3) no insurance.

How to apply for our program:

- 1. Complete the entire application!
- 2. Review the application one last time for accuracy and completeness before you sign the Consent and Release section on the second page.
- 3. The application must be received by us within 30 days of the date you sign it.

You will receive a letter of approval or denial from us within 2-3 weeks. You are not officially enrolled in this program until you have received an approval letter and an **ID** card. If you are not eligible for our program, we will refer you to other resources that might be helpful.

IMPORTANT NOTE: If your healthcare provider has told you that you are in need of treatment for breast or cervical cancer (or cervical pre-cancer), send this application to us immediately.

If the application is in	complete, it wil	l be returned	to you.
This will cause a delay	y in processing y	your applicat	ion.

Keep this 1-2-3 cover sheet for your records.

Date you mailed this application: _

If you haven't heard from us within 30 days, call us to be sure we received your application.





Wyoming Breast and Cervical Cancer Early **Detection Program** 6101 Yellowstone Rd., Suite 510 Cheyenne, WY 82002

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